



APPLICATION INSTRUCTIONS

Please read the instructions before completing the application. Although most questions are self-explanatory, the information here is provided to assist you in completing certain sections. If you continue to have questions regarding the application, you may contact the California Board of Occupational Therapy (Board) at 916-263-2294.

PLEASE NOTE:

- **A \$50 application fee payable to CBOT is required with all applications.**
- **Applications are reviewed in the order they are received**
- Pursuant to section 4112 of Title 16, California Code of Regulations, the Board has up to **thirty (30) days** in which to review an application and notify the applicant in writing if any additional information or documentation is necessary to complete the application. However, it normally does not take the Board the entire thirty days to review an application.
 - Please **do not** contact the Board for the status of an application until at least three (3) weeks have elapsed since the application was submitted. Frequent calls will delay the review process.
 - Once an application has been approved, Board staff will notify the applicant in writing of the amount of the initial license fee. The applicant will also be provided with a *Request for Initial OT License* form or *Request for Initial OTA License* form that must be completed and returned to the Board along with the initial license fee. The applicant has sixty (60) days from the date of the approval letter to submit the initial license fee.
 - **Licenses are issued 3-5 business days after the completed form and fee are received.** License requests are processed in the order they are received.
 - Applicants can verify that a license has been issued and obtain their license number by logging on to the Board's web site and clicking on the "License Verification" link. Please do not call the Board unless six (6) business days have passed since submitting the completed form and initial license fee.
 - Pursuant to section 4114 of Title 16, California Code of Regulations, an application for a license shall be deemed abandoned if the applicant fails to complete the application within two years after it is originally received by the board, or if the applicant fails to submit the Initial license fee within sixty (60) days after the date of notification of eligibility by the board. An application submitted subsequent to the abandonment of a previous application shall be treated as a new application.

Section I: Personal Data:

- **A, B, C.** Provide your full legal name, as you will use it in practice.
- **D.** Other names used (maiden, married, etc., including your legal name if it is different than as provided above).
- **F.** Residence Address: You must provide your residence address. It cannot be a Post Office Box. In accordance with the Information Practices Act of 1977, your address of record may be released to the public upon written request. If you do not want your residence address to be available to the public, you must designate an alternate address as your address of record.
- **G.** Address of Record: Your address of record can be a Post Office Box. All Board correspondence including your initial license, renewal notices, renewal licenses, etc. will be sent to this address.

You must notify the Board, in writing, of any change in your residence address and/or your address of record, within 30 days of the change.

- **J.** Disclosure of your Social Security Number (SSN) is mandatory. Your SSN will be used exclusively for tax enforcement purposes, verification of licensure and/or examination status, and verification of child support mandates. It may also be used for reporting to the National Practitioner Data Bank. If you fail to disclose your SSN, you may be reported to the Franchise Tax Board, which may assess penalties against you. You must have a SSN prior to issuance of a limited permit or license.

Section II: Current/Previous License, Registration, Certificate:

If you hold or have ever held a license, registration, or certificate in any health-related profession, including occupational therapy, in any state, province, or country, you must request a letter of good standing from each of those jurisdictions. Please have each jurisdiction mail the letter of good standing directly to the Board. Please do not list NBCOT or AOTCB certification in this section.

Section III: Education:

You must submit an **official** transcript in a **sealed envelope** from your qualifying degree program reflecting fulfillment of the academic and fieldwork requirements. Please have the program send the transcripts directly to the Board. Diplomas are not acceptable forms of documentation.

Section IV: Examination:

You must submit a Verification of Certification or Score Transfer Report from the National Board for Certification in Occupational Therapy (NBCOT). NBCOT provides a Verification of Certification Request Form on their web site at www.nbcot.org. Please have NBCOT mail the verification directly to the Board.

Section V: Work/Experience Verification:

You must list the names, addresses, and telephone numbers of each of your employers, beginning with the most recent. If you have not worked as an OT or an OTA, or in the occupational therapy field within five years of applying for licensure, you must fulfill one of the requirements listed in section 2570.14 of the California Business and Professions Code. The requirements are (1) completion of the required number of continuing education units within the past two years, or (2) passing the NBCOT examination.

Section VI: Disciplinary Actions and Criminal History Data:

Failure to include the information requested in this section will delay the decision of your eligibility for licensure or a limited permit.

- **A, B, F, G.** If you have had disciplinary action taken against a professional health care related license, registration or certificate, and/or been convicted of a crime, please attach: **(1)** a detailed explanation of the circumstances surrounding each incident; **(2)** a *certified copy* of the disciplinary order, record of conviction, and police report; **(3)** proof of completion of probation; **(4)** documentation of your efforts at rehabilitation; and **(5)** verification that any fine imposed has been paid or that current payments are being made.
- **D.** If you have ever been fired, discharged, or had employment terminated for any reason from a health-related employer, you must include a detailed explanation of the circumstances.
- **E.** If you have a condition that in any way impairs or limits your ability to practice with reasonable skill and safety, please submit a written explanation of the circumstances, official inpatient and outpatient treatment records if applicable, and a statement regarding your efforts at rehabilitation. You may be asked by the Board's Enforcement Unit to provide additional pertinent information.

Section VII: Fingerprints and Photograph Requirements

All applicants are required to submit fingerprints for the purpose of conducting criminal background checks through the Department of Justice (DOJ) and Federal Bureau of Investigation (FBI). There are two methods available for submitting fingerprints. The first method is by rolling fingerprints on the Board's pre-printed standard 8" X 8" fingerprint card. Two cards must be submitted, one for the DOJ and the FBI, and one extra in case there is a problem with the initial processing. The second method is through a process called "Live Scan." This method electronically scans and transmits your digitized fingerprints from the Live Scan site to the DOJ and FBI.

The Board highly recommends the Live Scan process, as it is extremely time efficient. However, Live Scanning can only be performed in California, and may not be available in some parts of the State. If you are submitting fingerprint cards, please refer to the *Fingerprint Instructions*.

INSTRUCTIONS FOR SUBMITTING LIVE SCAN FINGERPRINTS:

Live Scanning expedites the fingerprint clearance process as results are received in as few as 72 hours.

Live Scan Procedures:

1. Complete the Board's "Request for Live Scan Service" form BCII 8016 in **triplicate**.
2. Take the completed form (in triplicate) to the Live Scan site. There are more than 200 Live Scan sites throughout the state. A complete listing of Live Scan sites is available on the DOJ web site at <http://www.ag.ca.gov/fingerprints/publications/contact.php>. You are highly encouraged to call the Live Scan site first to determine if an appointment is necessary.
3. You must pay the \$49.00 processing fee and the requested rolling fee (determined by the local Live Scan agency) at the Live Scan site.
4. Once scanned, you should receive two copies of the form signed by the Live Scan operator. One copy is for your records.
5. Attach one copy of the Live Scan form to the application.

2" X 2" PHOTOGRAPH:

You must submit a 2" x 2" passport quality photograph of yourself taken within the past six months. Be sure that your face is completely visible in the photo. Please staple the photograph directly onto the application in Section VII (b).

VIII: Affidavit

Your application must contain your original signature and date.

Do not forget to include the \$50 application fee!